

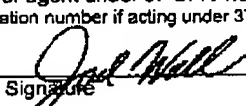
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PTO/SB/22 (10)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after December 8, 2004)		Docket Number (Optional) 99-837 RCE 3	
Application Number      09/539,972		Filed      March 31, 2000	
For <b>GRAPHICAL USER INTERFACE AND METHOD FOR CUSTOMER CENTRIC NETWORK MANAGEMENT</b>			
Art Unit      2143		Examiner      J. AVELLINO	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a) <u>25,648</u>			
 _____ Signature		_____ May 3, 2006 Date	
_____ Joel Wall Typed or printed name		_____ (972) 718-4800 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.

Dated: May 3, 2006

Signature:  Christian R. Andersen

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